

# Exhibit A

# STATE OF CALIFORNIA

## CERTIFICATION OF VITAL RECORD

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC HEALTH

### CERTIFICATE OF DEATH

3202319008185

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>EVERETT</b>		3. LAST (Family) <b>BYRAM</b>	
2. MIDDLE <b>JACOB</b>		4. DATE OF BIRTH mm/dd/yyyy <b>07/21/1988</b>	
5. AGE Yrs. <b>34</b>		6. SEX <b>M</b>	
7. DATE OF DEATH mm/dd/yyyy <b>02/10/2023</b>			
8. HOURS (24 Hours) <b>2300</b>			
8. STATE/FOREIGN COUNTRY <b>WA</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/PROP (at Time of Death) <b>MARRIED</b>	
13. EDUCATION - Highest Level/Degree (see worksheet on back) <b>SOME COLLEGE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) <b>CAUCASIAN</b>		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED <b>WRITER</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>SOCIAL MEDIA</b>	
19. YEARS IN OCCUPATION <b>14</b>			
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>37529 OXFORD DRIVE</b>			
21. CITY <b>PALMDALE</b>		22. COUNTY/PROVINCE <b>LOS ANGELES</b>	
23. ZIP CODE <b>93550</b>		24. YEARS IN COUNTY <b>8</b>	
25. STATE/FOREIGN COUNTRY <b>CA</b>			
26. INFORMANT'S NAME, RELATIONSHIP <b>URSULA BYRAM, WIFE</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) <b>37529 OXFORD DRIVE, PALMDALE, CA 93550</b>	
28. NAME OF SURVIVING SPOUSE/PROP - FIRST <b>URSULA</b>		29. MIDDLE <b>-</b>	
30. LAST (BIRTH NAME) <b>NIETO</b>			
31. NAME OF FATHER/PARENT - FIRST <b>MORRIS</b>		32. MIDDLE <b>EVERETT</b>	
33. LAST <b>BYRAM, JR</b>		34. BIRTH STATE <b>MS</b>	
35. NAME OF MOTHER/PARENT - FIRST <b>VALORIE</b>		36. MIDDLE <b>RUTH</b>	
37. LAST (BIRTH NAME) <b>SOUTH</b>		38. BIRTH STATE <b>TX</b>	
39. DISPOSITION DATE mm/dd/yyyy <b>02/24/2023</b>		40. PLACE OF FINAL DISPOSITION <b>RESIDENCE OF URSULA BYRAM</b> <b>2136 SARATOGA AVENUE, SPRINGDALE, AR 72762</b>	
41. TYPE OF DISPOSITION <b>CREMATE/TRANSIT/RESIDENCE</b>		42. SIGNATURE OF EMBALMER <b>JULEEN LADE</b>	
43. LICENSE NUMBER <b>EMB8251</b>		44. NAME OF FUNERAL ESTABLISHMENT <b>HAILEY OLSEN MURPHY FUNERALS &amp; CREMATIONS</b>	
45. LICENSE NUMBER <b>FD1067</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>MUNTU DAVIS MD</b>	
47. DATE mm/dd/yyyy <b>02/23/2023</b>			
101. NAME OF PLACE OF DEATH <b>ANTELOPE VALLEY MEDICAL CENTER</b>		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other			
104. COUNTY <b>LOS ANGELES</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>1600 W AVENUE J</b>	
106. CITY <b>LANCASTER</b>			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE. <b>(A) GUNSHOT WOUND OF THE HEAD</b>		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death <b>(AT) RAPID</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER <b>2023-01689</b>	
109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 <b>NONE</b>			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) <b>NO</b>			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deponent: Attended Since: _____ Decedent: Last Seen At: _____		115. SIGNATURE AND TITLE OF CERTIFIER <b>[Signature]</b>	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy <b>02/10/2023</b>			
122. HOUR (24 Hours) <b>2200</b>			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) <b>OTHER: BACKYARD OF RESIDENCE</b>			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) <b>SHOT BY OTHER</b>			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) <b>37529 OXFORD DRIVE, PALMDALE, CA 93550</b>			
126. SIGNATURE OF CORONER / DEPUTY CORONER <b>EVONNE R-JACKSON</b>		127. DATE mm/dd/yyyy <b>02/17/2023</b>	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER <b>EVONNE R-JACKSON, DEP CORONER</b>			
STATE REGISTRAR		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD  
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles  
Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

\* 003686467 \*

FEB 28 2023

